

Connecticut Dog License Application

Name		
Street		
City	State	Zip
Telephone Number		
Dog's Name		
Predominant Breed		
Color	Dog's Date of Birth	

FEE SCHEDULE (Please check one)

- ☐ Male/ Female \$19.00
☐ Male/ Neutered \$8.00
☐ Female/ Spayed \$8.00
☐ Late Fee _____

Amount enclosed \$ _____

Please mail a **copy** of the following with this application:

- Rabies Vaccination Certificate
- Spay/Neuter certificate
(if applicable)

Late Fees:

Month	Neutered or Spayed	Male or Female
June	\$0.00	\$0.00
July	\$1.00	\$1.00
August	\$2.00	\$2.00
September	\$3.00	\$3.00
October	\$4.00	\$4.00
November	\$5.00	\$5.00
December	\$6.00	\$6.00
January	\$7.00	\$7.00
February	\$8.00	\$8.00
March	\$9.00	\$9.00
April	\$10.00	\$10.00
May	\$11.00	\$11.00

Note: Applicants **must** include a self-addressed stamped envelope.

Please mail this application to:

Town Clerk – Town of North Haven
 Memorial Town Hall
 18 Church Street
 North Haven, CT 06473

For more information, please contact the Town Clerk's Office at 203.239.5321 x 541

THIS FORM MAY BE REPRODUCED.

Provided as a courtesy by the Connecticut Department of Agriculture.

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